



Data Quality: UBO & The Revenue Cycle

TMA Uniform Business Office (UBO)
Deputy Program Manager

OUTLINE

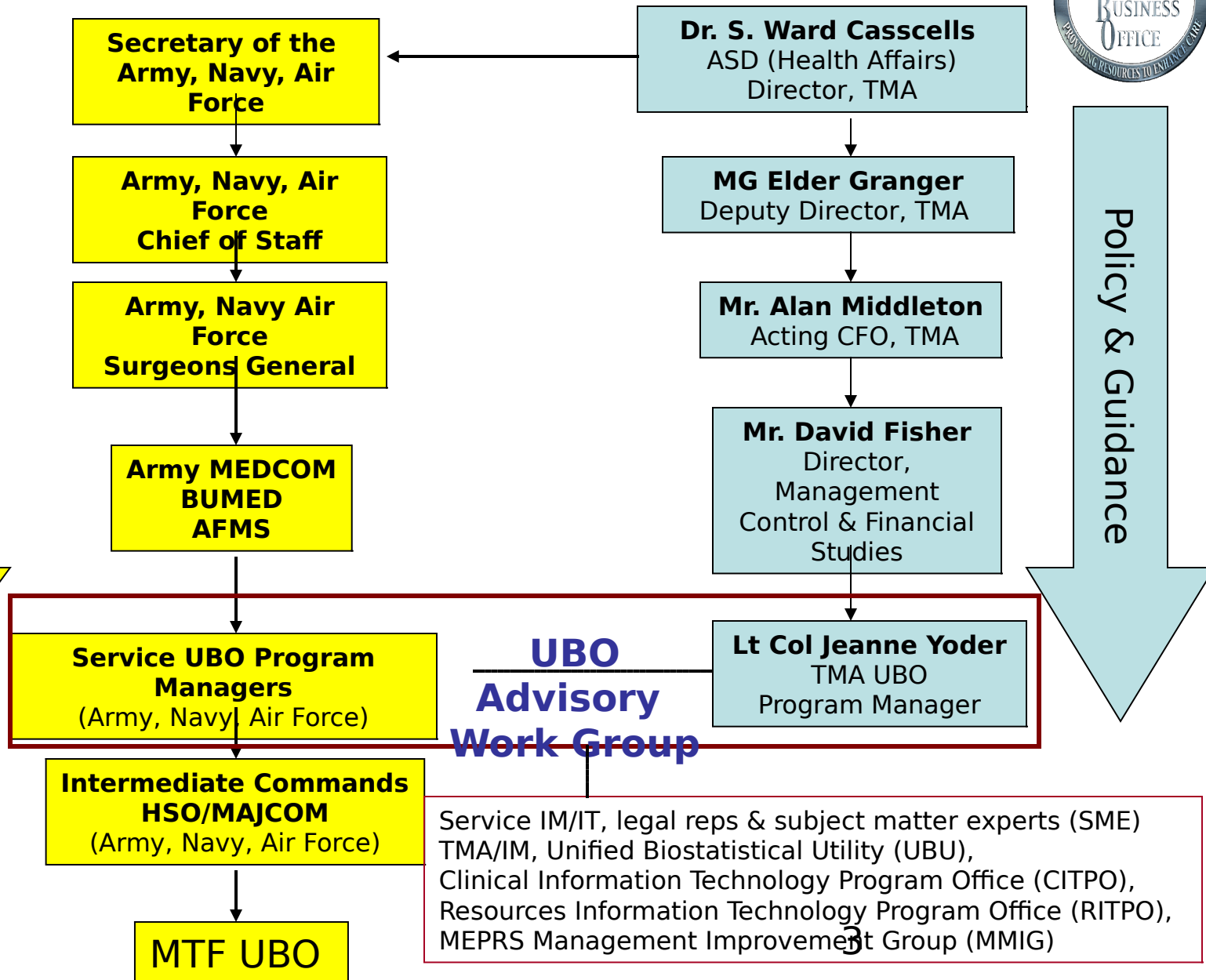
- Uniform Business Office (UBO) Organization
- UBO Programs
- MHS Billing Systems
- MTF Revenue Cycle
- Data Quality and How it Affects Each Phase of the Revenue Cycle
- UBO Success Factors
- Resources

UBO Organization Chart



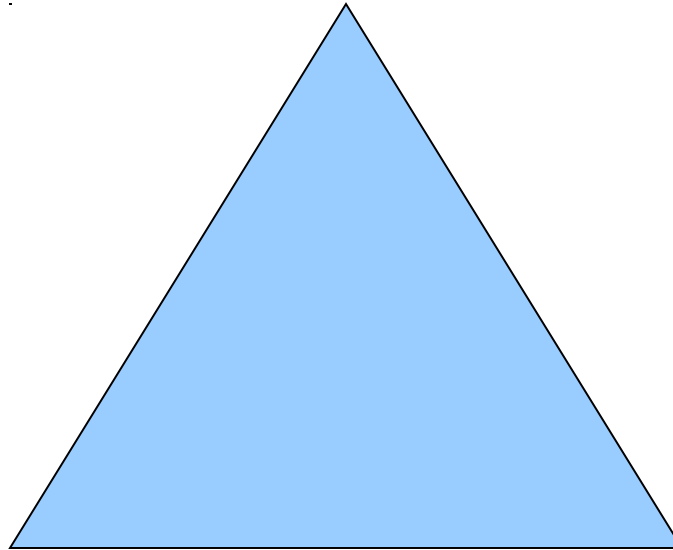
Command - Control - Execution

Policy & Guidance



UNIFORM BUSINESS OFFICE

Third Party Collections (TPC)



Medical
Services
Account (MSA)

Medical
Affirmative
Claims (MAC)

COLLECTIONS BY UBO PROGRAM



- Third Party Collections (TPC) – FY 2007
 - \$159.8M
- Medical Services Account (MSA) – FY 2005
 - \$180.8M
- Medical Affirmative Claims (MAC) – FY 2005
 - \$16.5M
- ALL funds collected are retained by your MTF
 - TPC funds are in addition to your O&M budget

Service	FY03		FY04		FY05		FY06		FY07	
	Billed -- Collected		Billed -- Collected		Billed -- Collected		Billed -- Collected		Billed -- Collected	
Outpatient										
Army	\$37.6	\$18.7	\$40.8	\$21.9	\$48.6	\$24.7	\$47.5	\$23.7	\$85.2	\$39.0
Navy	\$19.0	\$10.8	\$21.6	\$14.6	\$24.2	\$13.4	\$22.2	\$12.3	\$45.1	\$21.6
Air Force	\$49.5	\$18.3	\$67.2	\$30.6	\$70.2	\$26.1	\$79.9	\$28.6	\$177.9	\$59.0
Total	\$106.1	\$47.8	\$129.6	\$67.1	\$143.0	\$64.2	\$149.6	\$64.6	\$308.2	\$119.6
Inpatient										
Army	\$44.6	\$20.9	\$42.8	\$22.5	\$39.3	\$21.4	\$43.6	\$20.2	\$54.4	\$21.4
Navy	\$19.5	\$9.3	\$19.9	\$10.0	\$20.1	\$9.4	\$17.1	\$7.1	\$20.8	\$7.1
Air Force	\$33.9	\$13.6	\$26.9	\$14.3	\$26.7	\$11.3	\$23.5	\$11.2	\$26.2	\$11.7
Total	\$98.0	\$43.8	\$89.6	\$46.8	\$86.1	\$42.1	\$84.2	\$38.5	\$101.4	\$40.2

*NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed

current FY billings.

Data source: MTF DD Form 2570 as reported to the TMA UBO Metrics Reporting System

Direct Care TPCP

1st Qtr, FY08 - Billed & Collected (\$ Millions)



Service	FY04 Billed -- Collected		FY05 Billed -- Collected		FY06 Billed -- Collected		FY07 Billed -- Collected		FY08 Billed -- Collected	
Outpatient										
Army	\$3.1	\$4.8	\$4.8	\$5.6	\$7.5	\$6.4	\$13.4	\$8.1	\$13.0	\$12.5
Navy	\$1.8	\$3.2	\$2.9	\$3.4	\$3.1	\$3.5	\$6.1	\$4.3	\$7.9	\$7.2
Air Force	\$8.6	\$5.9	\$8.3	\$3.7	\$13.6	\$7.6	\$35.5	\$11.0	\$33.4	\$17.3
Total	\$13.5	\$13.9	\$16.0	\$12.7	\$24.2	\$17.5	\$55.0	\$23.4	\$54.3	\$37.0
Inpatient										
Army	\$7.0	\$4.7	\$6.8	\$5.9	\$7.8	\$4.4	\$6.7	\$3.5	\$11.5	\$5.1
Navy	\$2.1	\$1.9	\$3.8	\$2.1	\$3.9	\$2.0	\$3.6	\$2.2	\$3.9	\$1.7
Air Force	\$5.4	\$3.7	\$5.4	\$1.8	\$3.8	\$2.8	\$3.3	\$2.0	\$4.9	\$2.5
Total	\$14.5	\$10.3	\$16.0	\$9.8	\$15.5	\$9.2	\$13.6	\$7.7	\$20.3	\$9.3

*NOTE: Collected includes dollars for healthcare services provided in previous FYs and may exceed

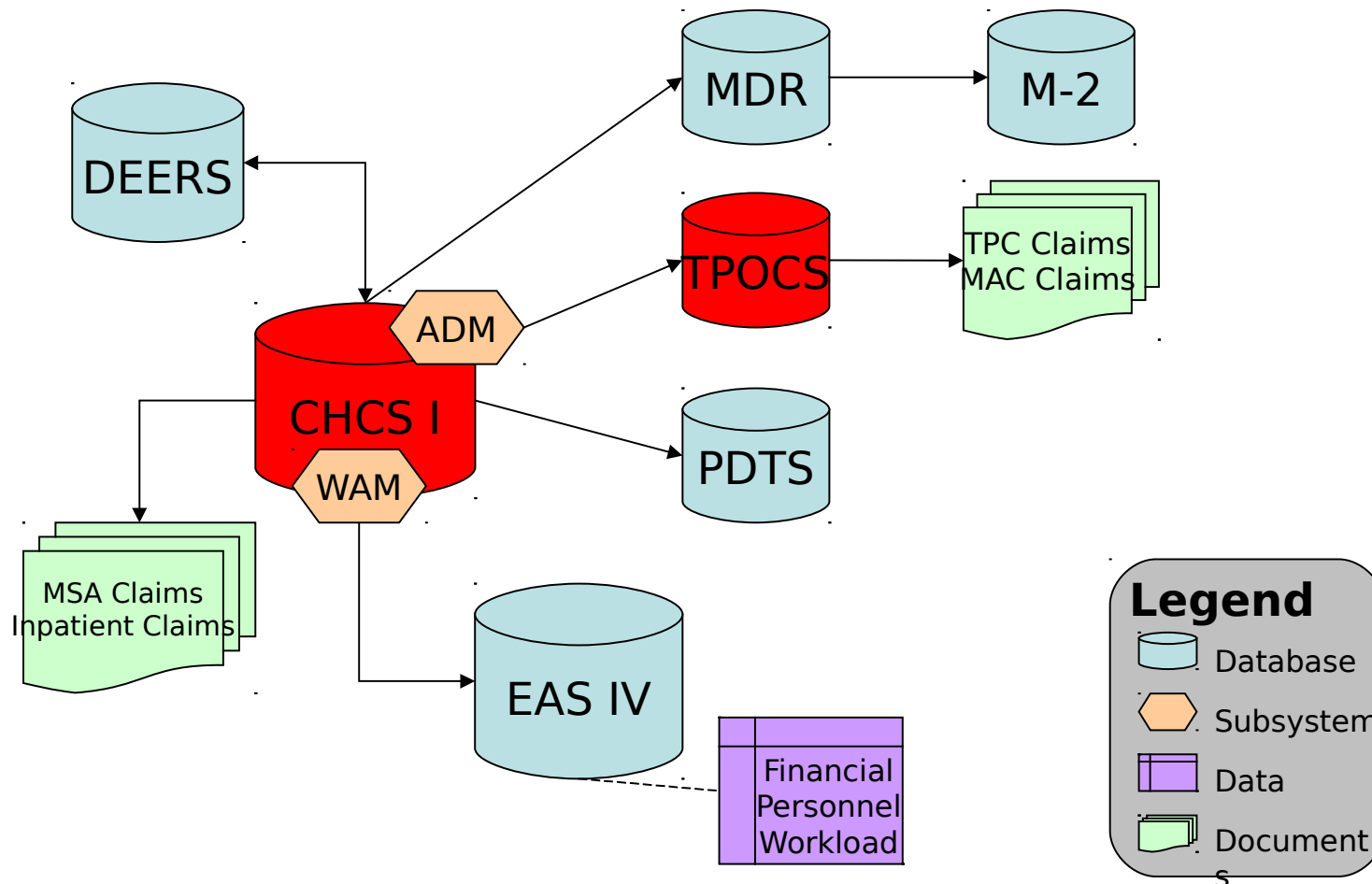
current FY billings.

Data source: MTF DD Form 2570 as reported to the TMA UBO Metrics Reporting System

DATA QUALITY CHARACTERISTICS

- Accurate
- Complete
- Concise
- Cost-effective
- Relevant / Timely / Up-To-Date
- Presentation
- Consistent

EXISTING MHS SYSTEMS



MHS BILLING SYSTEMS



- Third Party Outpatient Collection System
 - Government Off-The Shelf System (GOTS) for billing outpatient TPC (includes outpatient visits and pharmacy prescriptions)
- CHCS Medical Services Account (MSA) Module
 - GOTS module used for billing TPC inpatient claims (both institutional & professional charges) & MSA
- Relationship to other systems
 - Provider Specialty Codes
 - Collection of OHI in CHCS
 - Centralized OHI Repository on DEERS

STATUS OF FUTURE MHS BILLING SYSTEM

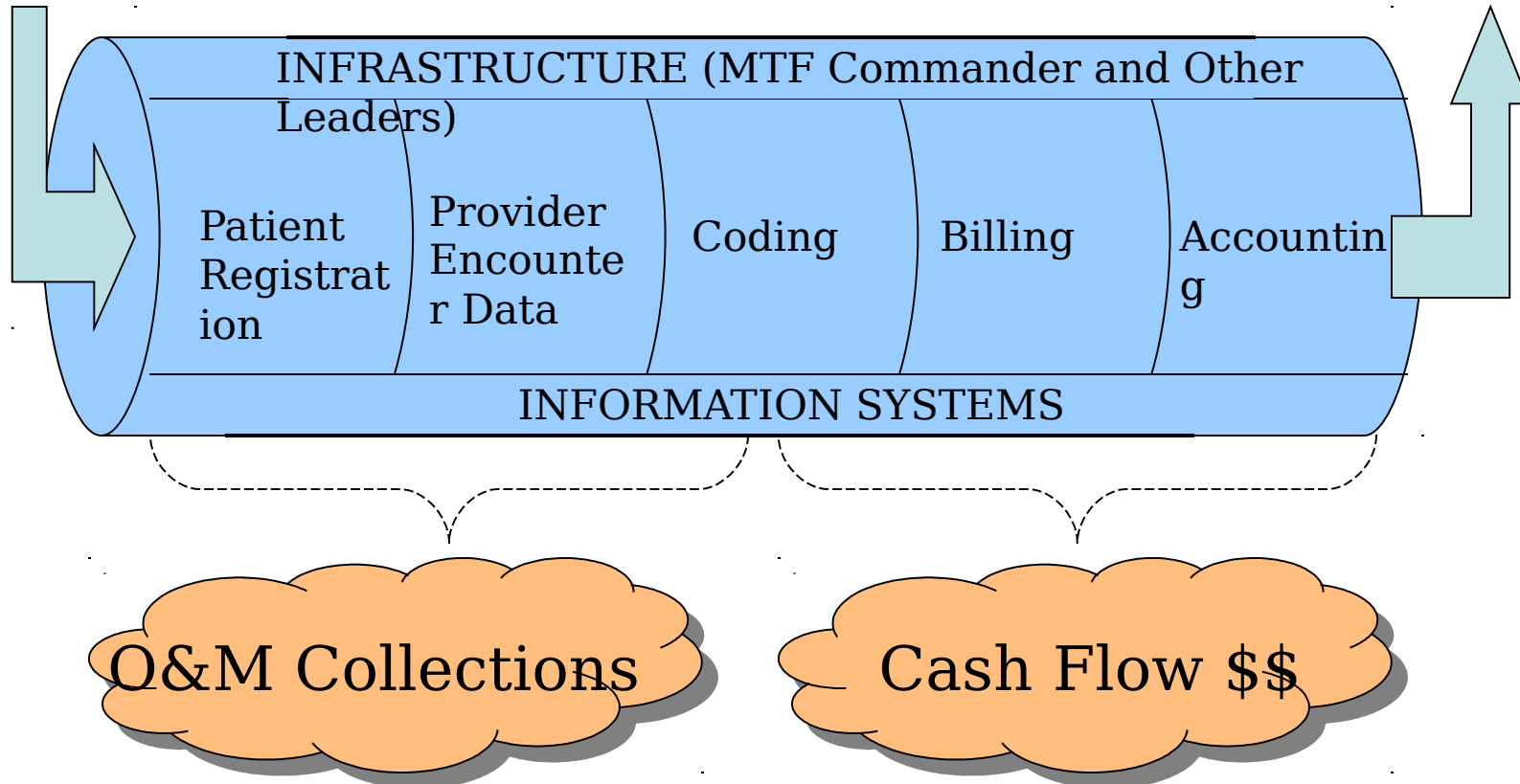


- Patient Accounting System (PAS) Charge Master Based Billing (CMBB) was planned to replace TPOCS and CHCS MSA Module for TPC, MSA & MAC billing
 - A \$42.0M contract was awarded in September 2006
 - Selected GE Centricity Flowcast 3.0 COTS with Unisys as the system integrator
 - Numerous problems were encountered during systems integration
 - Services voted in June 2007 to not to support FY08 funding and cancel CMBB due to functional shortcomings
 - Capabilities Based Assessment (CBA) underway to determine future course of action

MTF REVENUE CYCLE

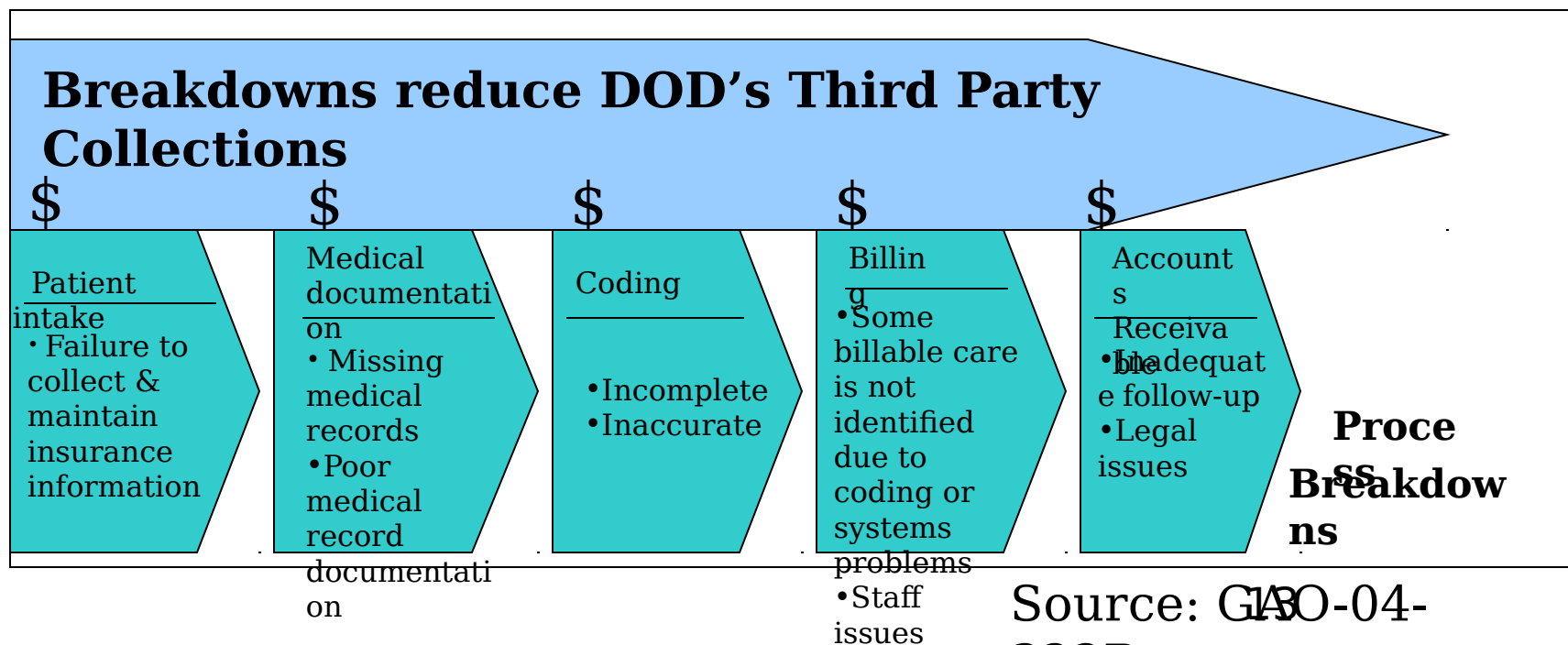
Information / Data

Cash

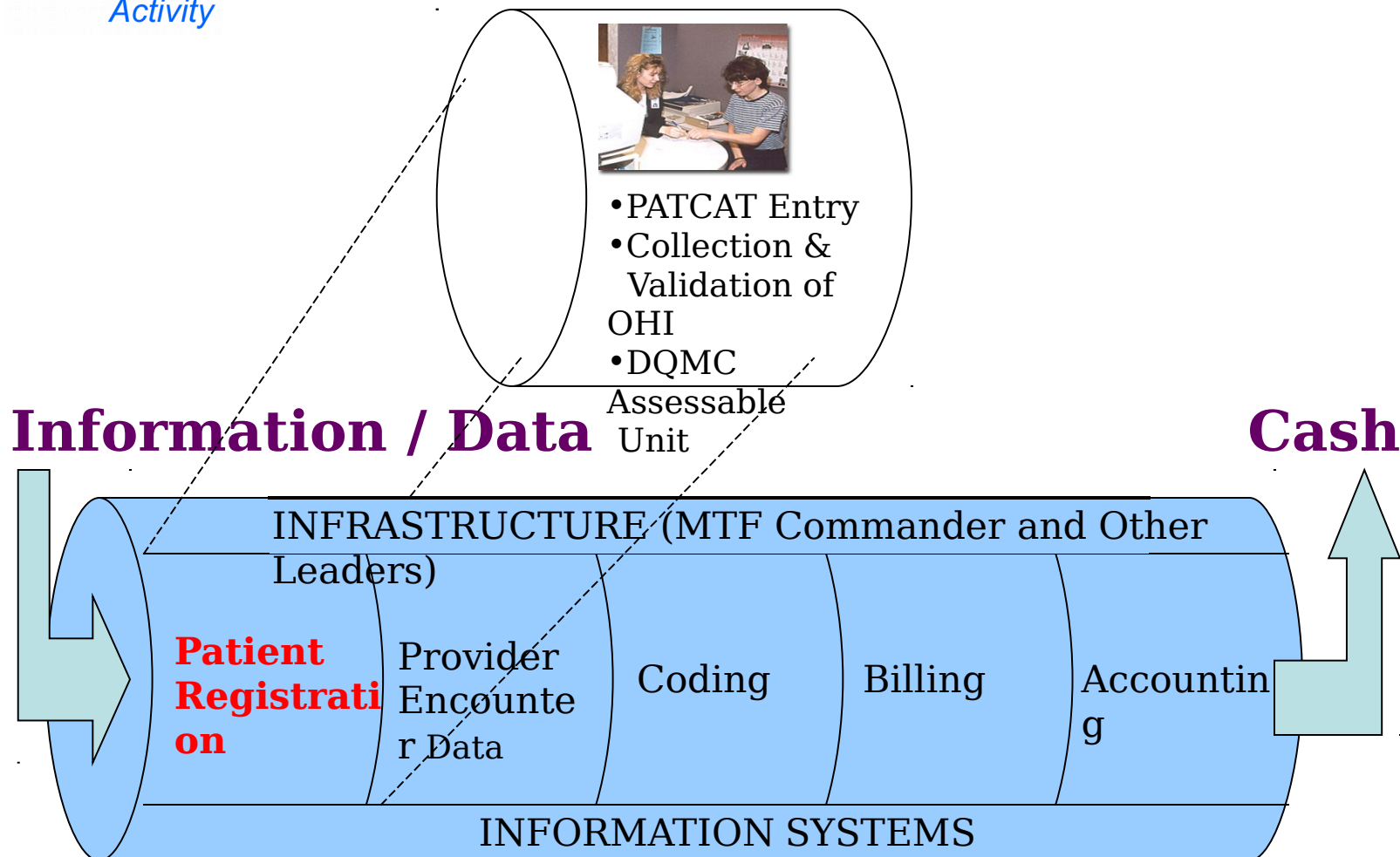


GAO REPORT FINDINGS

- Results from a February 2004 GAO report identified breakdowns in each phase of the revenue cycle and the resulting adverse effects on collections



PATIENT REGISTRATION



Importance of Accurate PATCAT Entry

- Patient Category (PAT) determines the reimbursable rate (if any) for healthcare
 - Over 300 PATCATs to select from
- Challenge of Patients with Multiple PATCATs
 - Spouse of AD Member who is a Reservist and employed as a Federal Employee
- Whose responsible for training/accuracy?

Training for Selecting the Correct PATCAT

- Selecting correct PATCATs was added as a recurring training session at the annual UBO/UBU Conference beginning in 2005
- A TRICARE University On-line PATCAT course was developed and made available April 2007
 - <http://tricareu.tricare.osd.mil/reg.aspx>

Medical Affirmative Claims (MAC)



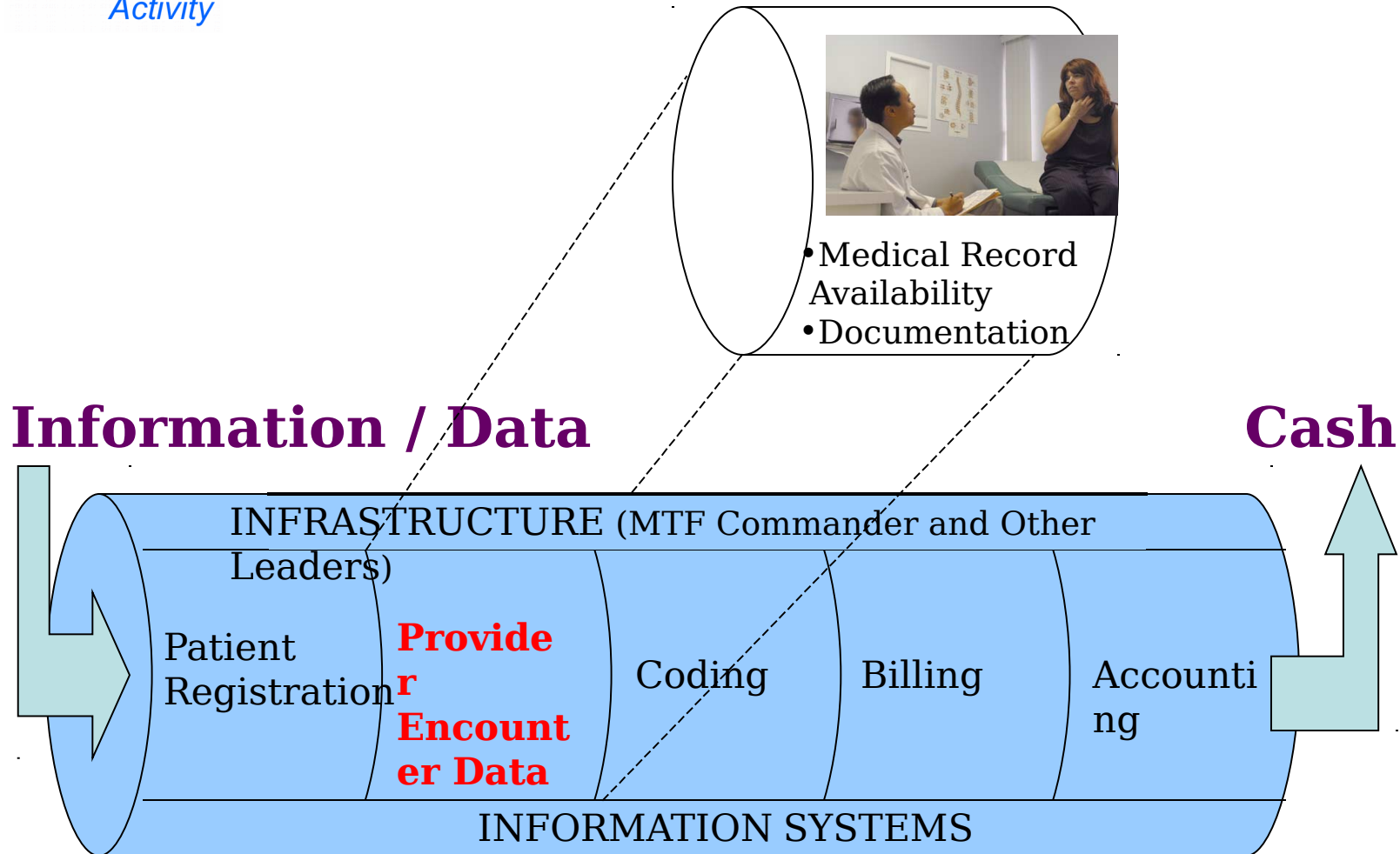
- Are all patient injuries being identified for JAG review as possible MAC cases?
 - Active Duty Included
- Is anyone training your intake personnel to identify potential MAC claims?
 - If no one is responsible then it's not getting done
- How much is your MTF losing in unidentified MAC cases?

Other Health Insurance (OHI) Information



- Use DD Form 2569 to capture OHI information about your patients
 - All Non-Active Duty Patients required to complete it every 12 months or if data changes
 - OHI needs to be entered into CHCS or it “doesn’t exist” for billing purposes
 - Direct correlation between presence of a current DD Form 2569 in patient record and rate of TPC billing
 - Reported monthly in Commander’s DQ Report

PROVIDER DATA



CHCS Provider Specialty Codes (PSC)



- Set of codes unique to CHCS
- Current business rules preclude TPOCS from receiving ADM encounters with blank PSCs or PSCs > 900
 - (exception of 901 – Physician Assistant)
 - 702 (Clinical Psychologist) versus 954 (Psychology)
- Site visit to large medical center found 20% of PSCs fields were blank
 - Billable ADM encounter never reach TPOCS

Correcting the CHCS Provider Specialty Codes (PSC)



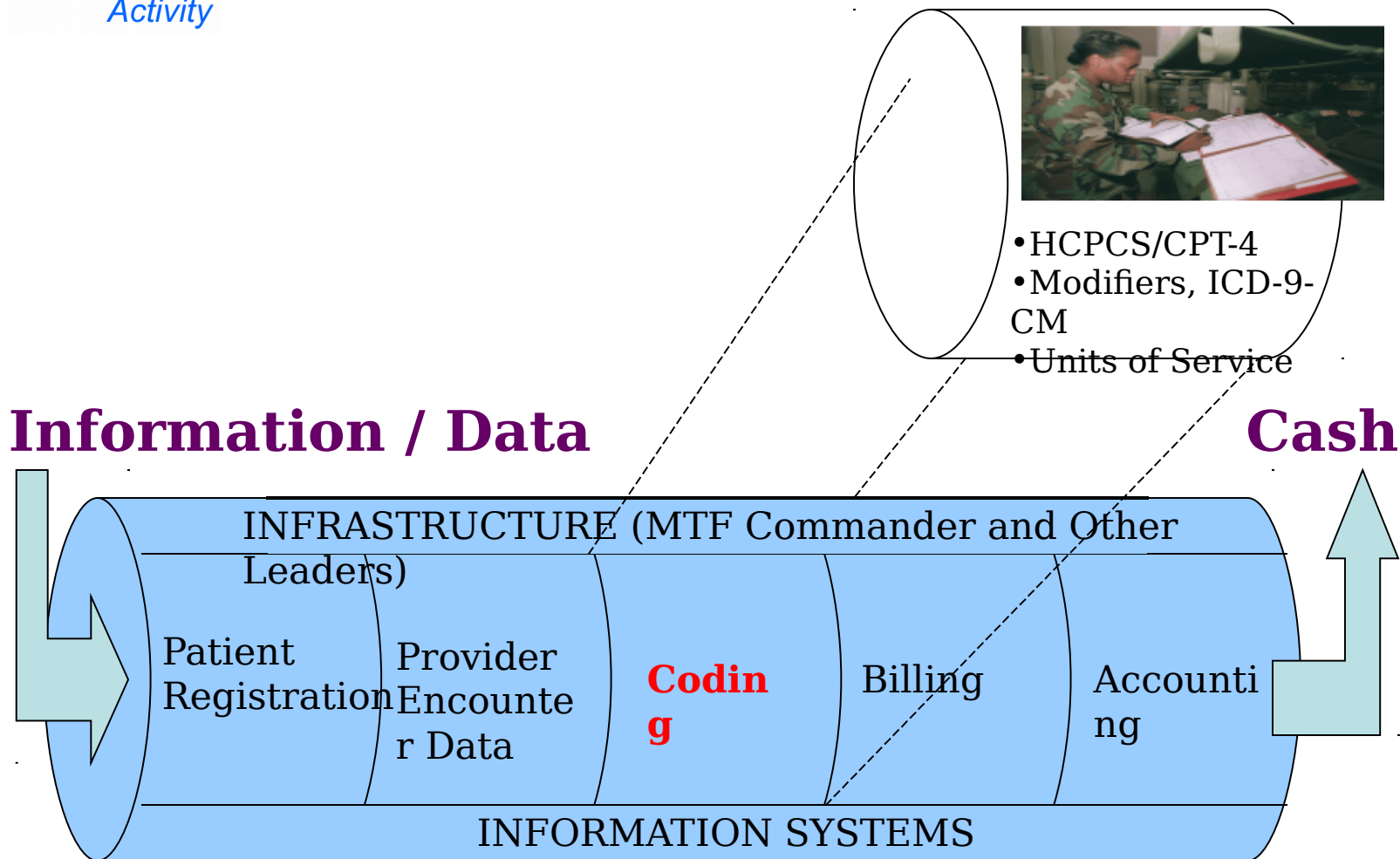
- Get your site's most current CHCS Provider Profile and review the PSC fields for accuracy
 - No blank fields
 - Billable providers have PSC under 900 (plus 901 – Physician Assistant)
- Determine whose responsible for maintaining the PSC fields and TRAIN THEM!!!
- Periodically review the PSC fields to make sure the problem really has been permanently fixed

National Provider Identifier (NPI) Type 1



- Every provider who can bill for healthcare services is required to have one
- 23 May 2007 was the deadline for MHS providers to obtain their own unique NPI Type 1
- Active Duty Statistics as of 19 November 2007
 - Actual/Required (% Achieved)
 - Army – 12,758/11697 (109%)
 - Navy – 8,791/8,864 (99%)
 - Air Force – 7,755/7,850 (99%)
- Are all of your providers NPI Type 1s in CHCS?
 - No NPI = No Payment from Insurance Companies

CODING



BILLING



- Insurance Verification
- Claim Form Data & Line Item Billing

Information / Data

Cash

INFRASTRUCTURE (MTF Commander and Other Leaders)

Patient
Registration

Provider
Encounter
Data

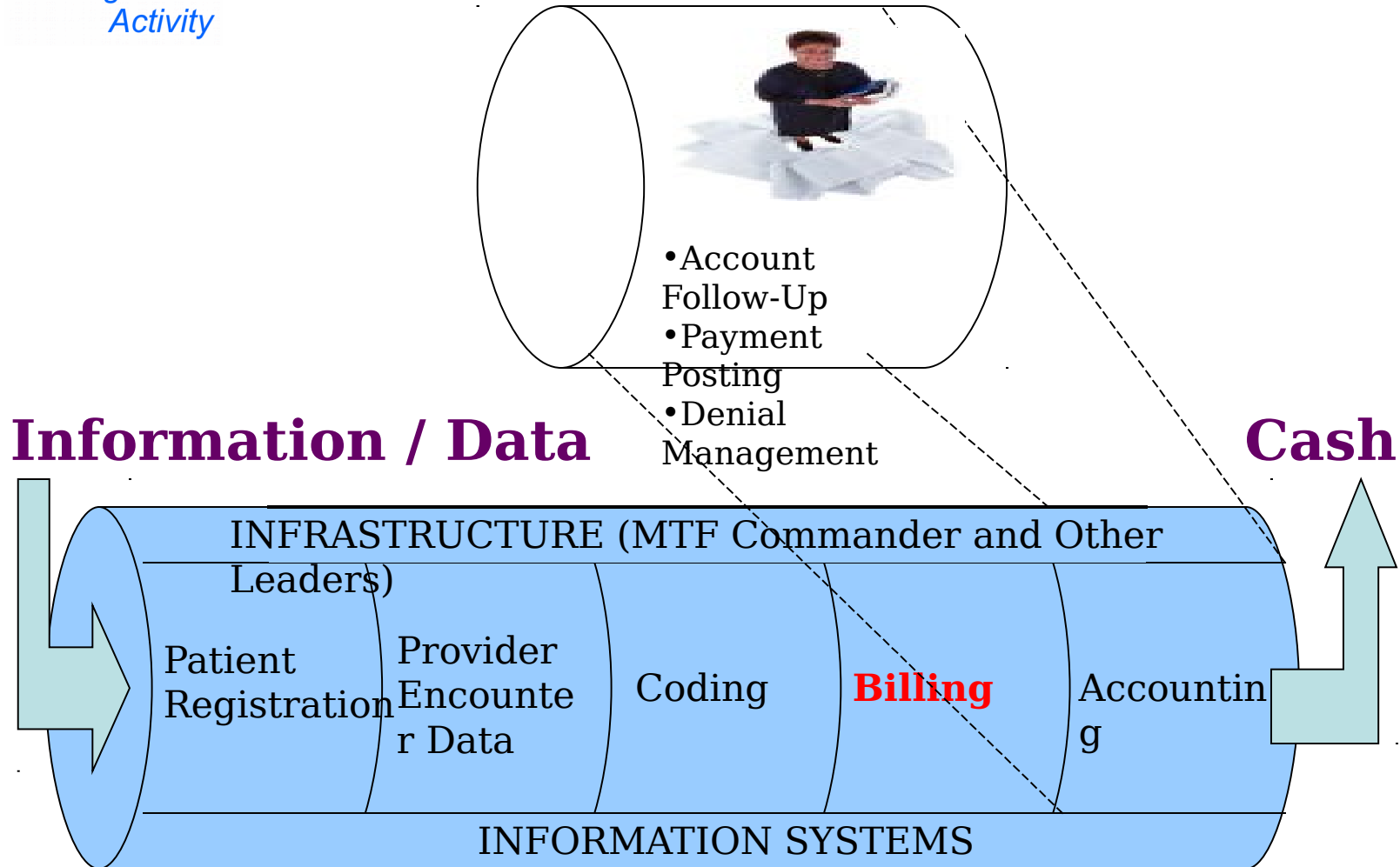
Coding

Billing

Accounti
ng

INFORMATION SYSTEMS

ACCOUNTING



UBO SUCCESS FACTORS

- What are the Focus Points?
 - MTF Revenue Cycle
 - Team Effort (not the just the UBO's challenge)
 - Staff Education & Training
 - Electronic Interfaces
 - Leadership Involvement
 - Stress the need to complete the OHI forms (DD Form 2569s)
 - Brief them on UBO Performance (e.g., OHI Capture, Billings & Collections for TPC, MSA & MAC)

RESOURCES



- UBO Web Page

<http://www.tricare.mil/ocfo/mcfs/ubo/index.cfm>

- UBO Help Desk

ubo.helpdesk@altarum.org
703-575-5385

- CITPO Web Site

<http://citpo.ha.osd.mil/>

RESOURCES (con't)

- RITPO Web Site
<https://ritpo.satx.disa.mil/main.asp>
- TPOCS-CCE Support Web Site
<http://tpocshelpdesk.com>



QUESTIONS?

TMA UBO Deputy Program
Manager

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